WISH Evidence Brief:

A learning-focused assessment of experiences in collecting poverty and disability measures through client exit interviews

November 2020

Callum Taylor & Louise Bury

Summary

Collecting data from service users on personal issues related to reproductive health, living conditions and abilities is fraught with complications that can impede both the data collection process itself and have implication for the decisions on programming and client care that follow. But we need this information to ensure that SRHR programmes reach those people whose access is constrained by poverty or disability.

Image: iStock.com/A-Digit

Working with client exit interview data collectors from IPPF and MSI in Tanzania and Cameroon as part of the WISH programme, we identified a series of recommendations for how to improve training and implementation of poverty and disability measures within the context of sexual and reproductive health client exit interviews. These recommendations are targeted to health service delivery organisations to help them collect higher quality data and make more informed decisions about improving access for vulnerable clients.

Objectives

- Review the experiences of data collection teams in administering poverty and disability questions in the Client Exit Interviews (CEIs) in the context of sexual and reproductive health and rights (SRHR).
- Recommend how to improve data collection approaches in the next round of CEIs based on the methodological and ethical issues identified.

Outcomes

Prior to this study, little was documented about the challenges of administering key poverty and disability measurement tools in the context of SRHR. By working with the data collection teams, we were able to understand their experience of administering such questions during the CEIs. This report outlines the key findings and recommendations relating to training, survey design and implementation, contextualisation, administering sensitive questions, and data analysis.

Background

This study was conducted by the WISH4Results (W4R) team, the third-party monitor for the WISH programme. Our objectives were to review the experiences of implementing partners' (IPs') data collection teams in administering the Washington Group Questions (WGQ) for estimating disability prevalence among clients and both the Multidimensional Poverty Index (MPI) and Poverty Probability Index (PPI) for estimating the extent of extreme poverty among clients as part of the standard Client Exit Interviews (CEI) used across the programme.

Despite being preferred tools among many in the global development community, little is documented about the challenges and adaptations in administering these measures in the context of sexual and reproductive health and rights (SRHR) programmes. We aimed to address this knowledge gap and provide guidance on how to improve data collection in light of the methodological or ethical issues identified.

While the questions in the CEI aim to estimate the prevalence of poverty and disability among clients served as part of the WISH programme, there is little information about how the administration of these questions are experienced in practice; such as how the questions are asked by the data collectors, how the data collectors and respondents understand the questions, and other biases that may affect the data.

Client Exit Interviews (CEI)

CEIs are conducted with clients leaving service delivery sites after using a SRH service and asks them about their satisfaction with the services they have just received and other demographic characteristics. The CEIs inform improvements to client care and equity of service provision. Within WISH they are an important tool for monitoring performance targets and adaptive programming.

Poverty and Disability Measurement tools

- **Washington Group Questions Short Set** (WGQ-SS) collect information on self-reported level of difficulty to carry out basic functions: seeing, hearing, mobility, communication, cognition and self-care.
- **Multidimensional Poverty Index** (MPI) identifies multiple deprivations using 10 indicators grouped into domains and captures not only the extent but also the intensity of poverty of an individual.
- **Poverty Probability Index** (PPI) estimates the likelihood of living at different income levels by asking country-specific questions about household characteristics and asset ownership. In WISH, the proportion of clients with a high likelihood of living under $1.90/day is benchmarked against the international poverty line ($1.90 PPP).

Methodology

The study involved the following approaches:

1. A rapid review of the evidence about using similar questions to estimate poverty and disability in development programs in order to identify issues and how these could relate to SRHR.

2. Five focus group discussions (FGDs) with a total of 28 data collectors who participated in the CEI data collection in two selected WISH countries. The FGDs were conducted immediately after the CEI data collection in each country.

Table 1 - Summary of Focus Group Discussions

	FGD 1	FGD 2	FGD 3	FGD 4	FGD 5
Country	Tanzania (IPPF)	Tanzania (IPPF)	Tanzania (MSI)	Tanzania (MSI)	Cameroon (IPPF)
Total participants	7	4	6	5	6
Male	4	1	-	1	1
Female	3	3	6	4	5

Data collection for this study was conducted in February and March 2020.

Key Findings

Successful Implementation of the Client Exit Interviews relies on high quality training of data collectors and thorough fieldwork protocols

- **The training for the CEIs was well received and data collectors felt prepared to deal with sensitive topics and vulnerable clients.** Feeling equipped with knowledge about SRHR, as well as gaining buy-in from service providers, helped data collectors to gain the trust from clients, resulting in more productive interviews.
- **A number of logistical issues around the implementation of the CEI affected the recruitment and data collection and hence the ability to interview eligible clients.** This included: (1) difficulty in finding suitable spaces to conduct interviews; (2) problems in following up with clients in the community (for the community-based distribution service delivery channel), resulting in some interviews taking place several days after receiving a service; (3) where FP is stigmatized, women not wanting to be seen or spend additional time in clinics; and (4) lack of resources to support interviewing people who were deaf, mute, or preferred to speak in a local language.

Data collectors receiving in-field assignments

Sensitivities and complex technicalities of the poverty question sets may be challenging for data collectors

- **Data collectors in Tanzania found the questions on poverty (i.e. about living conditions, child mortality and ownership of assets) to be overly sensitive or personal, and some were uncomfortable asking these questions.** In some cases, this raised triggered suspicion and fear among clients, especially in the context of an

SRH client satisfaction survey. This was also why some clients declined to answer these questions.

- **Data collectors in Cameroon did not find the poverty questions sensitive but rather found them technically difficult to administer.** Reported problems were due to the poor translation of some terms or the wrong response categories associated with questions about ownership of household assets.
- **The setting of the interview influenced the responses to questions on about clients' living conditions.** Data collectors who conducted interviews at the household level found it easier to ask these questions in situ, where they could observe and verify responses about household assets and materials.

Instances of contextual irrelevance and ambiguity of the Washington Group Short Set poses challenges for participating clients

- **Data collectors in Tanzania found the disability questions more challenging to ask and that they needed to provide more explanation for all six questions.** Elements of some questions were not relevant to their local context (e.g. 'hearing aids' or 'climbing steps' were neither accessible nor relevant to clients).
- **Some WGQs were confusing or ambiguous for clients.** The question on 'self-care' caused confusion either due to translation or applicability in areas where resources such as water and clothing were limited; and questions regarding 'usual language to communicate' and 'difficulty hearing' were seen as either ambiguous or pointless to ask when respondents were already communicating well during the interview process.
- **In Cameroon, there was some confusion among data collectors around the wording of the questions and the use of 'functioning' to measure disability.** The simplicity of the WGQs were not regarded as sensitive, and both data collectors and clients did not feel the long introduction to the section was wholly justified by the questions themselves.
- **Some data collectors questioned the self-reporting of level of difficulty as it was not always easy for clients to understand the response categories.** They also felt the measure did not differentiate clearly between a permanent (long-term) and temporary (e.g. illness/injury) disability[1], which could result in over-reporting of people with disabilities.

Conclusions and Recommendations

The study revealed some strengths and limitations of the implementation of the MPI/PPI and WGQ in the CEI. Going forward, it is important that organisations employing these tools in an SRH service delivery setting taken on board these insights to improve the training of data collectors and data collection process to improve the quality of poverty and disability data generated.

---

[1] This point is acknowledged by the Washington Group here. Their own research suggests that when answering the WGQ-SS, people typically think of the difficulties they have in their usual state. Though it is interesting that this issue still raises questions for data collectors.

The study makes the following recommendations:

Questionnaire

- Ensure translation of questions and terms for both WGQ and MPI/PPI are tested for cultural and contextual appropriateness in each country prior to data collection.
- Provide clearer guidance and instructions for administering the poverty questions in different fieldwork settings, e.g. static, outreach and community-based distribution.
- Review the length of the CEI questionnaire in general, including the number of instructions and sections introductions to reduce the length of the interview.

Training

- Include more focus (including using examples) on how to administer challenging poverty and disability questions in training of data collectors and supervisors.
- Include more time and focus on the concept and purpose of the WGQs being used to measure disability and include national experts on disability in the adapting the questions to the local context and training.

Data collectors during a training session

- Provide clearer guidance during CEI training on the importance and responsibility to ensure quality data collection, especially around not changing the original meaning of questions, e.g. ‘Do’s and Don’ts’ for adapting questions to help clients respond.
- Provide clear guidance to community health workers and health providers so that they can effectively support the recruitment process.

Data collection and supervision

- Give more consideration to how to recruit and include people with disabilities in the CEIs, including collaboration with Disabled People’s Organisations (DPOs) to help with the recruitment of suitable data collectors.
- Equip data collection teams so they can conduct interviews in secure and private areas in comfort (e.g. with portable stools).
- Strengthen the supervision of data collection and ensure existing observation and feedback mechanisms include sufficient focus on the more challenging to administer WGQ and poverty questions.

Data Analysis

- Consider the challenges identified in this assessment in the analysis of the CEI data to help verify some of the findings

Study Limitations

- Limited selection and scope of countries
- Only one FGD was possible in Cameroon
- Some data collectors did not have any interviews with clients reporting a disability
- Some clients with cognitive disabilities were not included in the CEI process

Further information

About the WISH Programme

The UK government has committed to providing family planning services to an additional 24 million girls and women by 2020. To help realise this commitment, the UK Department for International Development (DFID) is investing in the Women's Integrated Sexual Health Programme (WISH). The WISH programme, implemented in two lots led by different consortia, will operate in 27 countries in Asia and Africa and will deliver at least 2.95 million additional FP users by December 2020.

The WISH4Results team, composed of staff from the e-Pact consortium – Itad and Oxford Policy Management – acts as the third-party monitor for the WISH programme, providing verification, evidence and learning for DFID, WISH implementing partners and wider stakeholders.

Drafting and reporting: Louise Bury & Callum Taylor

Photo Credits: Callum Taylor

We are grateful for the help and support provided by the following organisations and persons, without which this work would not have been possible:

- MSI Reproductive Choices and the International Planned Parenthood Federation
- Marie Stopes Tanzania
- IPPF organisations in Cameroon (Cameroon National Planning Association for Family Welfare) and Tanzania (UMATI)
- Ripa Kaghere, Research Consultant in Cameroon
- Catherine Kahabuka, Research Consultant in Tanzania

Please share your feedback and comments on the materials discussed in this brief, contribute related resources and discuss other recommendations by emailing WISH4results@itad.com.